



Department of Human Resources

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER
FUNCTIONING UNDER AN AFFIRMATIVE ACTION PLAN

Please print or type all information and return to:

DEPARTMENT OF HUMAN RESOURCES, P.O. BOX 5148, CITY HALL, EAU CLAIRE, WI 54702-5148

LAST NAME	FIRST NAME	MIDDLE INITIAL

APPLICATION FOR POSITION OF **Part-time Custodian (Library)**

DATE AVAILABLE _____ WHAT DAYS ARE YOU NOT AVAILABLE FOR WORK? _____

IF APPLYING FOR A SEASONAL OR TEMPORARY POSITION, AVAILABLE UNTIL _____

PRESENT
ADDRESS _____
STREET _____

CITY _____ STATE _____ ZIP _____

MAILING
ADDRESS _____
(If Different) STREET _____

CITY _____ STATE _____ ZIP _____

ARE YOU UNDER 18 YEARS OF AGE? ☐ YES ☐ NO HOME PHONE _____

CELL PHONE _____ BUSINESS PHONE _____

DO YOU HAVE ACCESS TO A CAR? (For some positions, a vehicle is required.) _____

DO YOU HAVE A VALID DRIVER'S LICENSE? ☐ YES ☐ NO IF YES, LICENSE # AND STATE: _____

DO YOU HAVE A VALID COMMERCIAL DRIVER'S LICENSE? ☐ YES ☐ NO IF YES, LICENSE # AND STATE: _____

REFERENCES

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

NAME

ADDRESS

PHONE